



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

JACK P. MITCHELL, DC

**Respondent Name**

NEW HAMPSHIRE INSURANCE CO

**MFDR Tracking Number**

M4-14-1340-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

JANUARY 14, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "DOS 06-06-2013, code 99456-WP-MI (7) Units Represents disability exam with Multiple Impairment. Pursuant to DWC Rule 127.10 (d) when the extent of the injury may not be agreed upon by the parties, the designated doctor shall provide multiple certifications of MMI and impairment ratings that take into account the various interpretations of the extent of the injury so that when the division resolves the dispute, there is already an applicable certification of MMI and impairment rating from which to pay benefits as required by the ACT. Since the extent was the sole issue for the re-examination by a designated doctor, it is reasonable to have multi impairment indicated on separate Report of Medical Evaluations taking into account the various combinations of diagnosis. This was performed in compliance and satisfaction of the ACT."

**Amount in Dispute:** \$300.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Carrier maintains that it has paid or will pay all medical benefits that are due and owing."

**Response Submitted by:** Flahive, Ogden & Latson

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 6, 2013	CPT Code 99456-WP-MI (X7) Designated Doctor Evaluation	\$300.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - W3-Additional payment made on appeal/reconsideration.
  - 309-The charge for this procedure exceeds the fee schedule allowance.

- W1-Workers compensation state fee schedule adjustment.

### **Issues**

Does the submitted documentation support billing CPT code 99456-WP-MI (X7)? Is the requestor entitled to reimbursement?

### **Findings**

On the disputed date of service the requestor billed CPT code 99456-WP-W6 and 99456-WP-MI (X7).

- 28 Texas Administrative Code §134.204(i)(1)(C) stipulates "Extent of the employee's compensable injury shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier "W6." The respondent paid for the extent of injury examination and is not in dispute.
- 28 Texas Administrative Code §134.204(i)(1)(A) states "The following shall apply to Designated Doctor Examinations. (1) Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows: (A) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor"

A review of the submitted medical billing finds that the requestor did not bill with modifier "W5" as the first modifier appended to CPT code 99456 for the MMI/IR examination; therefore, the requestor did not bill for the MMI/IR in accordance with 28 Texas Administrative Code §134.204(i)(1)(A).

- Per 28 Texas Administrative Code §134.204(j)(4)(C)(iii) states "If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier "WP." Reimbursement shall be 100 percent of the total MAR."
- 28 Texas Administrative Code §134.204(n)(18) states "The following Division Modifiers shall be used by HCPs billing professional medical services for correct coding, reporting, billing, and reimbursement of the procedure codes. The "WP" modifier is defined as "Whole Procedure--This modifier shall be added to the CPT code when both the professional and technical components of a procedure are performed by a single HCP."

A review of the requestor's billing finds that the "WP" modifier was appended to CPT code 99456 to designate that the provider had performed the MMI examination and the IR testing.

- 28 Texas Administrative Code §134.204(j)(4)(B) states "When multiple IRs are required as a component of a designated doctor examination under §130.6 of this title (relating to Designated Doctor Examinations for Maximum Medical Improvement and/or Impairment Ratings), the designated doctor shall bill for the number of body areas rated and be reimbursed \$50 for each additional IR calculation. Modifier "MI" shall be added to the MMI evaluation CPT code."

The Division finds that the requestor did not submit the Designated Doctor Examination report to support the seven units of 99456-WP that were billed; therefore, additional reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	11/19/2014
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**